

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215514459			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: EVANGELICAL LUTHERAN CHURCH IN AMERICA</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2015</p> <p>SCC ID NO: F1550278</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 8765 WEST HIGGINS</p> <p style="text-align: center;">CITY/ST/ZIP: CHICAGO, IL 60631</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ELIZABETH A EATON TITLE: PRESIDENT ADDRESS: 8765 W. HIGGINS RD. CITY/ST/ZIP/CO: CHICAGO, IL 60631 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ELIZABETH A EATON TITLE: PRESIDENT ADDRESS: 8765 W. HIGGINS RD. CITY/ST/ZIP/CO: CHICAGO, IL 60631	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: LINDA O NORMAN TITLE: TREASURER ADDRESS: 1452 N TALMAN AVE CITY/ST/ZIP/CO: CHICAGO, IL 60622 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LINDA O NORMAN TITLE: TREASURER ADDRESS: 1452 N TALMAN AVE CITY/ST/ZIP/CO: CHICAGO, IL 60622	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LINDA O NORMAN TITLE: TREASURER ADDRESS: 1452 N TALMAN AVE CITY/ST/ZIP/CO: CHICAGO, IL 60622	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: PAUL G ARCHER TITLE: DIRECTOR ADDRESS: 2044 HOLLYWOOD ST CITY/ST/ZIP/CO: DEARBORN, MI 48124 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAUL G ARCHER TITLE: DIRECTOR ADDRESS: 2044 HOLLYWOOD ST CITY/ST/ZIP/CO: DEARBORN, MI 48124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MARIT L BAKKEN TITLE: DIRECTOR ADDRESS: 836 WESTWIND DR CITY/ST/ZIP/CO: BLACK RIVER FALLS, WI 54615	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	NICHOLAS BARBER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3420 BREEZEWAY DR.		
CITY/ST/ZIP/CO:	ERIE, PA 16506		
NAME:	HANS E BECKLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3016 WOODLAND TRAIL		
CITY/ST/ZIP/CO:	MIDDLETON, WI 53562		
NAME:	ALLAN J BIEBER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	611 15TH ST SE		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55904		
NAME:	AMANDA E BRIGGS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25529 GOLD RIDGE DR		
CITY/ST/ZIP/CO:	CASTRO VALLEY, CA 94552		
NAME:	REID A CHRISTOPHERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25270 480TH AVE		
CITY/ST/ZIP/CO:	GARRETSON, SD 57030		
NAME:	CHRISTINE CONNELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	618 MANOR RD.		
CITY/ST/ZIP/CO:	STATEN ISLAND, NY 10314		
NAME:	JESSICA CRIST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2415 13TH AVE S		
CITY/ST/ZIP/CO:	GREAT FALLS, MT 59405		
NAME:	KARSTEN DECKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	193 SOUTH RD		
CITY/ST/ZIP/CO:	PAGET,BM DV,BERMUDA , , FN		
NAME:	ELIZABETH EKDALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1031 FRANKLIN ST.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94109		
NAME:	MARJORIE ELLIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	612 MORNING ST.		
CITY/ST/ZIP/CO:	WORTHINGTON, OH 43085		
NAME:	WILLIAM E FLIPPIN JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3050 CASCADE RD SW		
CITY/ST/ZIP/CO:	ATLANTA, GA 30311		

NAME:	GARY GABRIELSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3205 BLUE MOUNTAIN WAY		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80906		
NAME:	VICKI GARBER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10016 WILD CHERRY DR.		
CITY/ST/ZIP/CO:	UNION, KY 41091		
NAME:	JOYCE GRAUE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 178		
CITY/ST/ZIP/CO:	RAYMOND, MN 56282		
NAME:	CYNTHIA M GUSTAVSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2817 E 34TH ST		
CITY/ST/ZIP/CO:	TULSA, OK 74105		
NAME:	LOUISE HEMSTEAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	E 12660 HEMSTEAD RD.		
CITY/ST/ZIP/CO:	LAFARGE, WI 54639		
NAME:	STEPHEN HERR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	130 FRIENDSHIP LANE		
CITY/ST/ZIP/CO:	GETTYSBURG, PA 17325		
NAME:	WILLIAM HORNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2413 ANTHONY AVE.		
CITY/ST/ZIP/CO:	CLEARWATER, FL 33759		
NAME:	MAREN HULDEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	681 SUMMER ST NE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55413		
NAME:	JAMES M HUSHAGEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2920 84TH AVE CT E		
CITY/ST/ZIP/CO:	EDGEWOOD, WA 98371		
NAME:	PEDER J JOHANSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	802 17TH ST		
CITY/ST/ZIP/CO:	BRODHEAD, WI 53520		
NAME:	CARLA JOHNSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	310 S 12ST		
CITY/ST/ZIP/CO:	DUNLAP, IA 51529		

NAME:	MARK JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2720 SAHALEE DR. EAST		
CITY/ST/ZIP/CO:	SAMMAMISH, WA 98074		
NAME:	KAYLA S KOTERWSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	225 N JAMES AVE		
CITY/ST/ZIP/CO:	TEA, SD 57064		
NAME:	JOHN W LOHRMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1815 FERN AVE		
CITY/ST/ZIP/CO:	WALLA WALLA, WA 99362		
NAME:	MICHAEL MASON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3685 FRIENDSHIP SCHOOL RD.		
CITY/ST/ZIP/CO:	ANNA, IL 62906		
NAME:	SUSAN MCARVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4915 FORTUNES RIDGE RD.		
CITY/ST/ZIP/CO:	DURHAM, NC 27713		
NAME:	LOREN D MELLUM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3717 4TH ST S		
CITY/ST/ZIP/CO:	MOORHEAD, MN 56560		
NAME:	FERNANDO MERCADO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2S031 BRISTOL LANE		
CITY/ST/ZIP/CO:	WARRENVILLE, IL 60555		
NAME:	RAYMOND MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25 S. 6TH ST.		
CITY/ST/ZIP/CO:	QUAKERTOWN, PA 18951		
NAME:	ROBERT MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2342 RICE BLVD.		
CITY/ST/ZIP/CO:	HOUSTON, TX 77005		
NAME:	LINDA NOU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5217 BEVERLY DR NE		
CITY/ST/ZIP/CO:	OLYMPIA, WA 98516		
NAME:	JOHN PEDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 6TH AVE SE		
CITY/ST/ZIP/CO:	MAYVILLE, ND 58257		

NAME:	MERI J PETRIVELLI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8350 LAKE MURRAY BLVD		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92119		
NAME:	PAMELA PRITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	HC 64 BOX 248		
CITY/ST/ZIP/CO:	HILLSBORO, WV 24946		
NAME:	FERONIKA RAMBING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	210 TURF DR.		
CITY/ST/ZIP/CO:	PLACENTIA, CA 92870		
NAME:	LAURIE SKOW-ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13 4TH ST. NE		
CITY/ST/ZIP/CO:	PELICAN RAPIDS, MN 56572		
NAME:	CLARANCE M SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1775 HUMBOLDT AVE S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55403		
NAME:	JONATHAN D SPLICHAL LARSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1010 N WASHINGTON ST		
CITY/ST/ZIP/CO:	BISMARCK, ND 58501		
NAME:	INGRID S STAFFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1939 SHERMAN AVE, APT 4E		
CITY/ST/ZIP/CO:	EVANSTON, IL 60201		
NAME:	LESLIE SWENSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	855 CRANBERRY RIDGE DR		
CITY/ST/ZIP/CO:	FAIRBANKS, AK 99712		
NAME:	OLIVER W THUL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	612 221ST ST		
CITY/ST/ZIP/CO:	BALATON, MN 56115		
NAME:	KATHRYN TIEDE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	865 BIRCH ST.		
CITY/ST/ZIP/CO:	LINO LAKES, MN 55014		
NAME:	JAMES H UTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	318 W LEICESTER ST		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM O VOSS DIRECTOR 1920 KINGS RD GERING, NE 69341	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL R WARD DIRECTOR 191 RIVER BIRCH DR FLETCHER, NC 28732	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAN HEI YEP DIRECTOR 308 W SQUANTUM ST NORTH QUINCY, MA 02171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ELIZABETH A EATON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH A EATON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/17/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			